Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000009110 3)))



H150000091103ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	:	 _			

FLORIDA PROFIT/NON PROFIT CORPORATION XTREME, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

SECRETARY OF STATE

TALLAHASSEE FLORIDA ARTICLE I NAME: The name of the corporation is:
X+Reme, Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
9735 Fortgine bleau Blud
G1 365
m: Ami 71 33172
ARTICLE III SHARES: The number of shares of stock is: /OO
ARTICLE IV INITIAL, DIRECTORS AND/OR OFFICERS:
DicARdo Peralta PD/VPD/Sec/Tre
ADMINISTRATION AND PROVINCED A CREEK ASIN CONTROL ADDITION.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Picardo Peralta
9735 Fontaine bleau Blud
6,305 - Mi, Ami, H 37,72
•
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: 12: CARdo Peral + a
9735 For tain ebleau Blod
mi ani +1 33172



#6161 P.003/003

15 JAN 12 PM 1: 28 150000076 86

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Date